

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

M-CAID

NAIC Group		NAIC Company Code	11557_ Employer's	ID Number <u>32-0026448</u>
Organized under the Laws of	(Current) (Prior) Michigan	, Sta	ate of Domicile or Port of I	Entry <u>Michigan</u>
Country of Domicile		United States of	America	
Licensed as business type:		Health Maintenance	Organization	
Is HMO Federally Qualified? Yes [] No [X]			
Incorporated/Organized	09/25/2002		Commenced Business	01/01/2003
Statutory Home Office	2301 Commonwealth Blvd	,		Ann Arbor , MI 48105
	(Street and Number)		((City or Town, State and Zip Code)
Main Administrative Office		2301 Commonwe		
Ar	nn Arbor , MI 48105	(Street and Nu	mber)	734-747-8700
(City or T	own, State and Zip Code)			(Area Code) (Telephone Number)
Mail Address	2301 Commonwealth Blvd			Ann Arbor , MI 48105
	(Street and Number or P.O. Box)		((City or Town, State and Zip Code)
Primary Location of Books and Reco	ords	2301 Commonwe		
Ar	nn Arbor , MI 48105	(Street and Nu	mber)	734-747-8700
	own, State and Zip Code)			(Area Code) (Telephone Number)
Internet Website Address		www.mcaid	.org	
Statutory Statement Contact	Joseph John Andr	raska		248-455-3428
	(Name)	dona	· · · · · · · · · · · · · · · · · · ·	(Area Code) (Telephone Number)
	draska@bcbsm.com (E-mail Address)	,		248-455-3639 (FAX Number)
	(2	2024 0	W DI I	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Policyowner Relations Contact		2301 Commonwe (Street and Nu		
	nn Arbor , MI 48105		,	734-332-2998
(City or T	own, State and Zip Code)			(Area Code) (Telephone Number)
		OFFICE	RS	
President Treasurer				
116aSulei	Douglas Lloya Citorig		•	_
		OTHER		
		DIRECTORS OR 1	TRUSTEES	
Zelda Geyer-S	ylvia	Joleen Mary Ir	nmerfall	Robert Paul Kelch M.D.
0	N. 1. 1.			
	Michigan Oakland	3:		
all of the herein described assets we statement, together with related exhicondition and affairs of the said report in accordance with the NAIC Annual rules or regulations require differences pectively. Furthermore, the scope assets we state the same assets with the same assets with the same assets as the same as the	vere the absolute property of the satibits, schedules and explanations the reporting period of the reporting period of the reporting period of the reporting period of the reporting and Accounces in reporting not related to a set of this attestation by the describe	aid reporting entity, freerein contained, annead stated above, and of anting Practices and Practices and practices and officers also include	re and clear from any lieuxed or referred to, is a full its income and deduction rocedures manual exception procedures, according the related corresponders the related corresponders.	eporting entity, and that on the reporting period stated above, ns or claims thereon, except as herein stated, and that this I and true statement of all the assets and liabilities and of the ns therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state ng to the best of their information, knowledge and belief, ling electronic filing with the NAIC, when required, that is an ay be requested by various regulators in lieu of or in addition
Jeanne Helen Carlsor President & CEO	1	Susan Anne I CFO & Treas	•	Julie Concetta Swantek Secretary
Subscribed and sworn to before me day of	this		a. Is this an original filib. If no,1. State the amend2. Date filed	

3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	207,366					207,366
0299999. Total group	207,366	0	0	0	0	207,366
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
	•					
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	207,366	0	0	0	0	207,366

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
049999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699999. Total Other Receivables	1,806,861	0	0	0	0	1,806,861
0799999 Gross health care receivables	1,806,861	0	0	0	0	1,806,861

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid	d Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
	0	0	0	0	0	0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
049999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves	'				1	1,806,861
0699999. Total amounts withheld						
0799999. Total claims unpaid						1,806,861
					*	
0899999 Accrued medical incentive pool and bonus amounts	ļ		<u> </u>		<u> </u>	

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates ${\sf N} \; {\sf O} \; {\sf N} \; {\sf E}$

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates $N\ O\ N\ E$

EXHIBIT 7 PART 1- SUMN	IARY OF TRANSACTION	NS WITH I	PROVIDER	RS		
	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:	1 aymont	or rotarr dymonio	00100	or rotal Moniboro	7 timated 1 Tevidere	1 10 110010
1. Medical groups	27.617.185	100.0	17.929	100.0	27.617.185	
2. Intermediaries	0	0.0	, ,	0.0		
3. All other providers	0	0.0		0.0		
Total capitation payments		100.0	17,929	100.0	27,617,185	
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	0	0.0	XXX	XXX	0	
13. TOTAL (Line 4 plus Line 12)	27,617,185	100%	XXX	XXX	27,617,185	(

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly Capitation	5 Intermediary's	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION	2		
		(LOCATION)	

NAIC Group Code	BUSINES	SS IN THE STAT	E OF Michiga	an				DURING THE	YEAR	2006	NAIC Company	/ Code	
	1	Comprehensive (Hospital & Medical)	4	5	6	7 Federal Employees	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	17,807								17,807				
2. First Quarter	17,852								17,852				
3. Second Quarter	17,632								17,632				
4. Third Quarter	17,665								17,665				
5. Current Year	17,929								17,929				
Current Year Member Months	213,963								213,963				
Total Member Ambulatory Encounters for Year:													
7 Physician	93 , 198								93, 198				
8. Non-Physician	59,694								59,694				
9. Total	152,892	0	0	0	0	0	0	0	152,892	0	0	0	
10. Hospital Patient Days Incurred	6,538								6,538				
11. Number of Inpatient Admissions	1,743								1,743				
12. Health Premiums Written	34 , 135 , 842								34, 135, 842				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written .	0												
15. Health Premiums Earned	34, 131, 561								34, 131, 561				
16. Property/Casualty Premiums Earned	0												
Amount Paid for Provision of Health 17. Care Services	27,617,185								27,617,185				
Amount Incurred for Provision of 18 Health Care Services	28,281,038								28,281,038				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINES	S IN THE STATE (otal				DURING THE	YEAR	2006 NAIC Company Code			
_	1	Comprehensive (Hos		4	5	6	7 Federal Employees	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	17,807	0	0	0	0	0	0	0	17,807	0	0	0	
2. First Quarter	17,852	0	0	0	0	0	0	0	17,852	0	0	0	
3. Second Quarter	17,632	0	0	0	0	0	0	0	17,632	0	0	0	
4. Third Quarter	17,665	0	0	0	0	0	0	0	17,665	0	0	0	
5. Current Year	17,929	0	0	0	0	0	0	0	17,929	0	0	0	
6. Current Year Member Months	213,963	0	0	0	0	0	0	0	213,963	0	0	0	
Total Member Ambulatory Encounters for Year:													
7 Physician	93 , 198	0	0	0	0	0	0	0	93 , 198	0	0	0	
8. Non-Physician	59,694	0	0	0	0	0	0	0	59,694	0	0	0	
9. Total	152,892	0	0	0	0	0	0	0	152,892	0	0	0	
10. Hospital Patient Days Incurred	6,538	0	0	0	0	0	0	0	6,538	0	0	0	
11. Number of Inpatient Admissions	1,743	0	0	0	0	0	0	0	1,743	0	0	0	
12. Health Premiums Written	34, 135,842	0	0	0	0	0	0	0	34, 135, 842	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	34, 131,561	0	0	0	0	0	0	0	34, 131, 561	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health 17. Care Services	27,617,185	0	0	0	0	0	0	0	27,617,185	0	0	0	
Amount Incurred for Provision of Health Care Services	28,281,038	0	0	0	0	0	0	0	28,281,038	0	0	0	

Schedule A - Verification Between Years NONE

Schedule B - Verification Between Years NONE

Schedule BA - Verification Between Years NONE

ယ္ပ

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE M-CAID

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Veers	5	6	7 Col 6 22 2 % of	8 Total from Col. 6	9 % From Col. 7	10 Total Bublioly	11 Total Privataly
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments , Schedules D & DA (Group 1)	1 1001 01 2000	THIOUGH O TOUTO	THIOUGH TO TOUTO	THIOUGH EU TOUTO	OVOI EU TOUTO	Total Carront Total	2110 10.7	THOI TOUI	T HOT TOUT	Hadou	ι ιασσα (α)
1.1 Class 1	750,751	1, 160, 632				1,911,383	100.0	1,699,098	100.0	1,911,383	0
1.2 Class 2		, , , , , , , , , , , , , , , , , , , ,				0	0.0	0	0.0	, 0 , 000	0
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	n	0.0		
1.5 Class 5						0	0.0		0.0		
1.6 Class 6						0	0.0	o	0.0		
1.7 Totals	750,751	1,160,632	0	0	0	1,911,383	100.0	1,699,098	100.0	1,911,383	
	/50,/51	1, 100,032	U	U	U	1,911,303	100.0	1,099,090	100.0	1,911,303	<u> </u>
2. All Other Governments , Schedules D & DA											
(Group 2) 2.1 Class 1						0	0.0	٥	0.0		(
						0 n	0.0		0.0		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠
2.2 Class 2								0			ا
2.3 Class 3						0	0.0	0	0.0		0
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	C
3. States, Territories and Possessions etc.,											
Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1						0	0.0	0	0.0		0
3.2 Class 2						0	0.0	0	0.0		0
3.3 Class 3						0	0.0	0	0.0		0
3.4 Class 4						0	0.0	0	0.0		0
3.5 Class 5						0	0.0	0	0.0		0
3.6 Class 6						0	0.0	0	0.0		(
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
Political Subdivisions of States, Territories and	<u> </u>	0	· ·	0	0	0	0.0	v	0.0	0	
Possessions , Guaranteed, Schedules D & DA											
(Group 4)											
4.1 Class 1						0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		(
4.3 Class 3						0	0.0	0	0.0		(
4.4 Class 4						0	0.0	n	0.0		
4.5 Class 5						0	0.0		0.0		
4.6 Class 6						0	0.0	 0	0.0		
	0	0	0	0	0	0		0	0.0	0	
4.7 Totals	U	U	U	U	U	U	0.0	U	0.0	U	
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA											
(Group 5)											
5.1 Class 1						0	0.0	0	0.0		(
5.1 Class 1						0	0.0		0.0		
						0	0.0		0.0		
						0		0			ا
5.4 Class 4							0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		(
5.6 Class 6						0	0.0	0	0.0		(
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

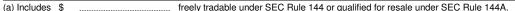
Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	guanty and w	atanty Bistribation	or Air Borids Owned	December or, at L	sook/Adjusted Carry		7	ila IVAIO Designati		40	
	1	Over 1 Year	Over 5 Years	4 Over 10 Years	5	6	Col. 6 as a % of	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Quality Rating per the NAIC Designation	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA	1 1001 01 2000	Thiough o Touro	Timough To Toulo	Tillough Lo Toulo	01012010010	Total Garront Total	Line re.r	1 1101 1001	1 1101 1 041	Tradou	1 14004 (a)
(Group 6)											1
6.1 Class 1						0	0.0	0	0.0		0
6.2 Class 2						0	0.0	0	0.0		0
6.3 Class 3						0	0.0	0	0.0		0
6.4 Class 4						0	0.0	0	0.0		0
6.5 Class 5						0	0.0	0	0.0		0
6.6 Class 6						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules											
D & DA (Group 7) 7.1 Class 1						0	0.0	٥	0.0		
7.1 Class 1						0	0.0	٥	0.0		
7.2 Class 2						0	0.0	٥٥	0.0		
7.3 Class 3						0 N	0.0	٠	0.0		
7.4 Class 4						0	0.0	٥	0.0		
7.6 Class 6						0	0.0		0.0		
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)	U	U	U	U	U	U	0.0	U	0.0	U	U
8.1 Class 1						٥	0.0	0	0.0		
8.1 Class 1						0	0.0		0.0		
						0	0.0		0.0		10
8.3 Class 3						0	0.0		0.0		
						0	0.0		0.0		
8.5 Class 5						0					
8.6 Class 6	0	•	•		•	-	0.0	0	0.0	•	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1						0	0.0	0	0.0		0
9.2 Class 2						0	0.0	0	0.0		0
9.3 Class 3						0	0.0	0	0.0		0
9.4 Class 4						0	0.0	0	0.0		0
9.5 Class 5						0	0.0	0	0.0		0
9.6 Class 6						0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	Quality and M			December 31, at E	Book/Adjusted Carr	ying Values by Majo	or Types of Issues	and NAIC Designati			
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Cal. Cas. a 9/ af	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Quality Rating per the NAIC Designation	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Prior Year	% From Col. / Prior Year	Traded	Placed (a)
10. Total Bonds Current Year	1 1001 01 2033	Tillough o Teals	Through to Tears	Through 20 Tears	OVCI 20 TCAIS	Total Guilent Teal	Line 10.7	T HOL TCAL	Thor rear	Hadea	i idoca (a)
10.1 Class 1	750,751	1,160,632	0	0	0	1,911,383	100.0	xxx	XXX	1,911,383	0
10.2 Class 2	00,701	1, 100, 002	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c)0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	750,751	1,160,632	0	0		(b)1,911,383	100.0	XXX	XXX	1,911,383	0
10.8 Line 10.7 as a % of Col. 6	39.3	60.7	0.0	0.0	0.0		XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	55.5	551.	0.0	0.0	0.0		7000	7000	7000		
11.1 Class 1	590.456	1, 108, 642	0	0	0	XXX	XXX	1,699,098	100.0	1.699.098	0
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	590,456	1,108,642	0	0	0	XXX	XXX	(b)1,699,098	100.0	1,699,098	0
11.8 Line 11.7 as a % of Col. 8	34.8	65.2	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds	00	00.2	0.0	0.0	0.0	7000	7000	10010	7001		0.0
12.1 Class 1	750.751	1.160.632				1.911.383	100.0	1.699.098	100.0	1.911.383	XXX
12.2 Class 2	700,701	, 100,002				0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0		XXX
12.5 Class 5						0	0.0	0	0.0		XXX
12.6 Class 6						0	0.0	0	0.0		XXX
12.7 Totals	750.751	1,160,632	0	0	0	1.911.383	100.0	1.699.098	100.0	1.911.383	XXX
12.8 Line 12.7 as a % of Col. 6	39.3		0.0	0.0	0.0	1,911,303	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6,	33.3	00.7				100.0		^_		100.0	
Section 10	39.3	60.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds							7001	7,001	7001		7001
13.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0		0.0	0.0	0.0		XXX	XXX	XXX	XXX	0.0



⁽b) Includes \$ ______ current year, \$ ______ prior year of bonds with Z designations and \$ ______ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

⁽c) Includes \$ ______ current year, \$ _____ prior year of bonds with 5* designations and \$ _____ , current year \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

1.2 Single Class Mortgage-Backed /Asset Backed Securities	11 Total Privately Placed 1,383
Distribution by Type	1,3830 0
1. U.S. Governments, Schedules D & DA (Group 1)	1,3830
1.1 Issuer Obligations	0
1.2 Single Class Mortgage-Backed /Asset Backed Securities	0
1.7 Totals	1,383 0 0 0 0
2. All Other Governments, Schedules D & DA (Group 2)	1,383 U
2.1 Issuer Obligations	0 0 0
2.2 Single Class Mortgage-Backed /Asset Backed Securities 0 0.0 0 0.0	0 0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 2.3 Defined	
2.3 Defined	0
2.4 Other	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES: 2.5 Defined	D
SECURITIES: 0 0.0 0	
2.6 Other 0 0.0 0.0 0.0 0.0	
	0
	0
2.7 Totals 0 0 0 0 0 0 0.0 0 0.0	0 0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)	
3.1 Issuer Obligations	0
3.2 Single Class Mortgage-Backed /Asset Backed Securities	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	
3.3 Defined	0
3.4 Other	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:	
3.5 Defined	0
3.6 Other 0 0.0 0.0 0.0	0
3.7 Totals 0 0 0 0 0 0 0 0 0.0 0 0.0	0 0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)	
4.1 Issuer Obligations	0
4.2 Single Class Mortgage-Backed /Asset Backed Securities 0 0 0.0 0.0 0.0 0.0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	
4.3 Defined	0
4.4 Other 0 0 0.0 0 0.0 0.0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:	
4.5 Defined	0
4.6 Other	0
4.7 Totals 0 0 0 0 0 0 0 0 0.0 0 0.0	0 0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)	
5.1 Issuer Obligations	0
5.2 Single Class Mortgage-Backed /Asset Backed Securities	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	
5.3 Defined	0
5.4 Other	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:	
5.5 Defined	0
5.6 Other	0
5.7 Totals 0 0 0 0 0 0 0.0 0 0.0	0 0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Mat	unity Distribution of	JI All Borids Own	ied December 31,	at Book/Adjusted	Carrying values	by Major Type and	a Subtype of issu				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years				Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated) Schedules D & DA (Group 6)	1	1									
6.1 Issuer Obligations						0	0.0	0	0.0		0
6.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined						0	0.0	0	0.0		0
6.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES: 6.5 Defined						0	0.0	0	0.0		0
6.6 Other						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial and Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)				·			0.0		0.0		
7.1 Issuer Obligations						0	0.0	0	0.0		0
7.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined						0	0.0	0	0.0		0
7.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
7.5 Defined						0	0.0	0	0.0		0
7.6 Other						0	0.0	0	0.0		0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)	1										
8.1 Issuer Obligations						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0	0	0.0		0
9.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0	0	0.0		0
9.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
9.5 Defined						0	0.0	0	0.0		0
9.6 Other	_					0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

N	laturity Distribution o	2 2	3	1 4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years	5	ь	•	Total from Col. 6 Prior	•	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Line 10.7	Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	750.751	1,160,632	0	0	0	1.911.383	100.0	XXX	XXX	1.911.383	0
10.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0		XXX	0	0
10.7 Totals	750,751	1,160,632	0	0	0	1.911.383	100.0	,,,,,	XXX	1.911.383	0
10.8 Line 10.7 as a % of Col. 6	39.3	60.7	0.0				XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	00.0	00.1	0.0	0.0	0.0	100.0		****	^^^	100.0	0.0
11.1 Issuer Obligations	590.456	1, 108, 642	0	0	0	xxx	XXX	1.699.098	100.0	1,699,098	0
11.2 Single Class Mortgage-Backed /Asset Backed Securities		1, 100,042	u		ν	XXX	XXX		0.0		ν
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	J	J	J	ν	J	XXX	XXX	J		J	J
		0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Defined		ν	u		v	XXX	XXXXXX	ν 0	0.0	υ 0	v
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED	9	u	u		u			ν	0.0	v	J
SECURITIES:		_		_						_	_
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	,,,,,	XXX	0	0.0	0	0
11.7 Totals	590,456	1, 108, 642		0	0		XXX	1,699,098	100.0	1,699,098	0
11.8 Line 11.7 as a % of Col. 8	34.8	65.2	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	750,751	1, 160, 632				1,911,383	100.0	1,699,098	100.0	1,911,383	XXX
12.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	750,751	1,160,632	0	0	0	1.911.383	100.0	1,699,098	100.0	1,911,383	XXX
12.8 Line 12.7 as a % of Col. 6	39.3	60.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	39.3	60.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										////	
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	T 0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0		n
13.7 Totals	0	0	·	·	0		0.0		0.0		n
13.8 Line 13.7 as a % of Col. 6	0.0	0.0					XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Coi. 0	0.0	0.0					XXX	XXX	XXX	XXX	0.0
10.0 Ento 10.7 da a 70 of Ente 10.7, Ool. 0, Oction 10	0.0	0.0	0.0	0.0	0.0	0.0	^^^	^^^	^^^	^^^	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

Short-Term Investi	nents				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
4. Deal/adjusted coming uplus December 04 of minutes	590,455	590,455	0	0	
Book/adjusted carrying value, December 31 of prior year	590,455		0		
Cost of short-term investments acquired	32,518,358	32,518,358			
3. Increase (decrease) by adjustment	0				
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	32,358,062	32,358,062			
7. Book/adjusted carrying value, current year	750,751	750,751	0	0	
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	750,751	750,751	0	0	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	750,751	750,751	0	0	
12. Income collected during year	107,095	107,095			
13. Income earned during year	108,546	108,546			

⁽a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9		Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums				Coinsurance	Funds Withheld
Code	Number	Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
				1750 Hennepin Avenue, Minneapolis								
			Allianz Life Ins Co of North America	Minnesota 55403-2195	OTH/A/G	4,281						
	Authorized Gen					4,281	0	0	0	0	0	0
	otal Authorize					4,281	0	0	0	0	0	0
	otal Unauthori					0	0	0	0	0	0	0
			rized General Account			4,281	0	0	0	0	0	0
1099999. T	otal Authorized	d Separate Ac	counts			0	0	0	0	0	0	0
1399999. T	otal Unauthori	zed Separate	Accounts			0	0	0	0	0	0	0
1499999. T	otal Authorized	d and Unautho	orized Separate Accounts			0	0	0	0	0	0	0
												
	-											
												
												+
1599999 -	Totals					4,281	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

Tomourumo occos to characterized companies													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
					Paid and Unpaid								Sum of Cols.
													Suiti di Cois.
NAIC					Losses					Funds Deposited by and Withheld		Miscellaneous	9+10+11+12+13
	Federal ID	Effective		Reserve Credit	Recoverable		Total Cols.		Trust	by and Withhold		Balances	but not in Excess
Company										by and willineid			Dut Hot III Excess
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(5 + 6 + 7)	Letters of Credit	Agreements	from Reinsurers	Other	(Credit)	of Col. 8
					· · · · ·		` '		<u> </u>			` ′	
	· · · · · · · · · · · · · · · · · · ·												
								T	T	T			
								T		T			
										+			
									l				
										+			
										+			
									L				
	· · · · · · · · · · · · · · · · · · ·												
									L				
						······							
				L					L			L	
								+		+			
				L	l			1	L	1		L	
				1									
										+		+	
										<u> </u>			
1				1				1	1	1		1	
					+			+	 	+		+	-+
	l			L	1		L	1	L	1		L	.1
									1				
										+			
1199999 - 7	Totals			1									
	. 014.0							1	l			1	

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1.00 1.00	1	ance Ceded Busines 2	3	4	5
		2006	2005	2004	2003	2002
	A. OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	4	4	3	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	1,729,523	4,281	1,733,804
2.	Accident and health premiums due and unpaid (Line 13)	207,366		207,366
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	XXX	(4,281)	(4,281)
5.	All other admitted assets (Balance)	1,822,926		1,822,926
6.	Total assets (Line 26)	3,759,815	0	3,759,815
	LIABILITIES, CAPITAL AND SURPLUS (PAGE 3)			
7.	Claims unpaid (Line 1)	1,806,861		1,806,861
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	79,025		79,025
12.	Total liabilities (Line 22)	1,885,886	0	1,885,886
13.	Total capital and surplus (Line 31)	1,873,929	xxx	1,873,929
14.	Total liabilities, capital and surplus (Line 32)	3,759,815	0	3,759,815
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	(4,281)		
20.	Total ceded reinsurance recoverables	(4,281)		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	(4,281)		

SCHEDULE T - PART 2 INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories Direct Business Only 2 3 5 6 Disability Income Long-Term Care Life Annuities (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Totals Contracts 1. Alabama AL 2. Alaska AK AZ 3. Arizona ... Arkansas 5. California CA 6. Colorado CO 7. Connecticut CT 8. DE Delaware 9. District of Columbia DC 10. FL 11. Georgia GA Hawaii 12. HI 13.ID Idaho 14. Illinois IL 15. Indiana IN 16.IA lowa 17. KS 18. Kentucky KY 19. Louisiana LA 20. ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. MO Missouri 27. Montana 28. Nebraska 29. Nevada 30. New Hampshire 31. New Jersey 32. New Mexico 33. New York North Carolina NC 34. 35. North Dakota ND 36. OH 37. Oklahoma OK 38. OR Oregon 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN Texas TX 45. UT Utah 46. VermontVT VA 47. Virginia 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming 52. American Samoa AS GU 53. Guam Puerto Rico PR 55. U.S. Virgin IslandsVI Northern Mariana Islands MP

56. 57.

58.

59.

Canada

Total

..... CN

Aggregate Other Alien OT

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

						110110 11	IIII ANI A					
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
					Downless Color	(Disbursements) Incurred in						Dainassa
					Purchases, Sales or Exchanges of	Connection with		Income/		Any Other Material		Reinsurance Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate.	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	Federal ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
		Blue Cross Blue Shield of Michigan	14,300,000	(30,771,000)	0	0	561, 178,911	0		0	544,707,911	
		Blue Care Network of Michigan		(341,076)			(528,610,244)	(2, 110, 143)			(531,061,463)	7,857,452
		Blue Care of Michigan Inc					(4,333,272)	(1,000)			(4,334,272)	
10166	38-3207001	Accident Fund Insurance Company of America										
			(12,000,000)				(8,486,771)		*		(20,486,771)	21,552,000
12304	20-3058200	Accident Fund General Insurance Company					(2,214,921)		*		(2,214,921)	(29,886,000)
12305	20-3058291	Accident Fund National Insurance Company					(4,529,343)		*		(4,529,343)	(37,363,000)
29157	39-0941450	United Wisconsin Insurance Company					(7, 196, 999)		*		(7, 196, 999)	45,697,000
	38-6561861	Blue Care Network Medical Malpractice										
		Self-Insurance Trust									0	
	38-6561862	Blue Care Network Stop-Loss and Casualty										
		Self-Insurance Trust						2,111,143			2,111,143	(7,857,452)
	38-3134881	BCN Service Company		341,076			(51,518)				289,558	
	38-2612298	DenteMax	(2,300,000)	, , , , , , , , , , , , , , , , , , ,			(1,865,975)				(4, 165, 975)	
95449	38-2649504	M-CARE					` ′ ′ ′ ′ ′				0	
11557	38-0026448	M-CAID								[0	
11946	20-0547500	Michigan Health Insurance Company									0	
		Blue Cross Blue Shield of Michigan										
		Foundation					(795.601)				(795.601)	
12606	76-0800811	LifeSecure Insurance Company		30,771,000			(3,094,267)				27,676,733	
		, , , , , , , , , , , , , , , , , ,		, , ,							, , ,	
9999999 Co	ntrol Totals		0	0	0	0	0	0	XXX	0	0	0

Accident Fund Ins. Co. of American 80%

United Wisconsin Ins. Co 10% Accident Fund National Ins. Co 6% Accident Fund General Ins. Co 4%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation

	will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and following the interrogatory questions.	d provide an explanation
	_	Responses
	MARCH FILING	_
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
0	JUNE FILING Will an audited financial report be filed by June 1?	VEO
8.		YES
	The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company doe business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" reported below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide the interrogatory questions.	eport and a bar code will
_	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO NO
12. 13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO NO
13.	APRIL FILING	NO
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
9. 10. 11. 12. 13. 14. 15.		
9.	Bar Codes:	
	1 1 5 5 7 2 0 0 6 3 6 0 0 0 0 0 0 Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
10.		
	Life Supplement [Document Identifier 205]	
11.		
	Property/Casualty Supplement [Document Identifier 207]	
12.		
	SIS Stockholder Information Supplement [Document Identifier 420]	
13.		

Medicare Part D Coverage Supplement [Document Identifier 365]

Long-Term Care Experience Reporting Forms [Document Identifier 330]

Life Supplement [Document Identifier 211]

16.

Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]